

**News Release****Summary of November 17-18, 2011, meeting of the Iowa Board of Medicine**

Cases Reviewed: The Board reviewed 158 cases.

New Investigative Cases: The Board reviewed 64 new investigative cases.

Statement of Charges: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board may file a Statement of Charges which contains the allegations of the Board.

The Board approved two Statements of Charges.

1. The Board charged a physician who formerly practiced radiation oncology in Iowa City and Sioux City, Iowa, with violating a Board order when she failed to fully comply with the Board's drug screening program. A hearing is scheduled on February 16, 2011.
2. The Board charged a physician who practices otolaryngology in multiple locations, including Sioux City and Waterloo, Iowa, South Dakota, with inappropriate prescribing, violating professional boundaries and failing to comply with a Board investigation in a timely manner. A hearing is scheduled on February 16, 2011.

Combined Statement of Charges and Settlement Agreements: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board and the licensee may enter into a combined Statement of Charges and Settlement Agreement to resolve the matter. A combined Statement of Charges and Settlement Agreement contain the allegations of the Board and the sanctions.

The Board approved one Combined Statement of Charges and Settlement Agreements.

An Iowa-licensed psychiatrist who formerly practiced in Muscatine, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on November 18, 2011. The Board charged the physician with pre-signing more than one hundred blank prescriptions that were issued by non-physician staff at a mental health clinic in Muscatine, Iowa, between March 25 and November 4, 2010. The physician surrendered his Iowa medical license.

Settlement Agreements: After the Board has determined that probable cause exists to take formal disciplinary action and formal disciplinary charges have been filed, the Board and the licensee may enter into a Settlement Agreement to resolve the pending disciplinary charges rather than hold a formal disciplinary hearing.

The Board approved three Settlement Agreements.

1. An Iowa-licensed physician who formerly practiced family medicine in Panora and Woodward, Iowa, entered into a Settlement Agreement with the Board on November 18, 2011. On June 3, 2011, the Board charged the physician with engaging in an inappropriate sexual relationship with a female patient between 2007 and 2009 while practicing medicine in Panora, Iowa. The physician surrendered his Iowa medical license.
2. An Iowa-licensed psychiatrist who currently practices medicine in Sioux Falls, South Dakota, northwest Iowa and southwest Minnesota, entered into a Settlement Agreement with the Board on November 18, 2011. On August 18, 2011, the Board charged the physician with making inappropriate statements to a patient being treated for anxiety and attempting to initiate an inappropriate relationship with the mother of a child to whom he had provided counseling when he practiced psychiatry in Spencer, Iowa, in 2010. The Board also charged the physician for failing to disclose that he was being investigated by another state licensing board on a renewal application he submitted to the Board on February 27, 2011. Under the terms of the Settlement Agreement, the Board ordered the physician to complete a Board-approved professional boundaries evaluation and placed him on probation for a period of three years subject to counseling and Board monitoring. The Board also issued the physician a public reprimand and ordered him to pay a \$5,000 fine.
3. An Iowa-licensed physician who formerly practiced gastroenterology in Ottumwa, Iowa, entered into a Settlement Agreement with the Board on November 18, 2011. On June 11, 2010, the Board charged the physician with engaging in unprofessional conduct during his treatment of a female patient when he: inappropriately shared personal information about himself and his marriage with the patient; asked the patient inappropriate questions about her personal life; attempted to look down the patient's shirt while listening to her heart and lungs; failed to perform a thorough physical exam; and attempted to initiate an inappropriate personal relationship with the patient when he asked her on a date. The physician was terminated from employment due to professional boundary violations with female co-workers after he: made inappropriate sexual comments to female co-workers; touched female co-workers on the shoulder and slapped a female co-worker on the buttocks with a patient chart; stared at a female co-worker in an inappropriate manner; and approached a female co-worker from behind blocking her against a cabinet in an inappropriate and/or intimidating manner. On April 16, 2009, the Board ordered the physician to complete a

comprehensive physical, neuropsychological, mental health and sexual misconduct evaluation at a Board-approved assessment program. The physician completed the evaluation on July 3, 2009. Under the terms of the Settlement Agreement, the Board required the physician to successfully complete a Board-approved professional boundaries program and medical recordkeeping course.

Confidential Evaluation Orders: If the Board receives evidence that a physician may suffer from physical, neurological, mental condition or substance abuse, the Board may issue a confidential evaluation order requiring the physician to complete an appropriate evaluation at a Board-approved program. Additionally, if the Board receives evidence that a physician lacks the appropriate knowledge or ability to practice medicine with reasonable skill or safety or that a physician has failed to provide appropriate care to patients, the Board may issue a confidential order requiring the physician to complete a competency evaluation at a Board-approved competency assessment program.

1. The Board ordered an Iowa-licensed physician who formerly practiced medicine in Iowa City, Iowa, to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation Board-approved confidential comprehensive clinical competency evaluation within sixty days.
2. The Board ordered an Iowa-licensed physician who practices medicine in Fairmont, Minnesota, to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation Board-approved confidential comprehensive clinical competency evaluation within sixty days.
3. The Board ordered an Iowa-licensed physician who practices medicine in Des Moines, Iowa, to complete a comprehensive physical, neuropsychological, mental health, unprofessional conduct and/or disruptive behavior evaluation Board-approved confidential comprehensive clinical competency evaluation within sixty days.

Confidential Letters of Warning or Education: When the Board determines that probable cause does not exist to take formal disciplinary action the Board may send a confidential, non-disciplinary letter to a licensee expressing concerns and requesting that a licensee take corrective action, including further medical education.

The Board voted to issue 18 confidential Letters of Warning or Education due to the following areas of concern:

1. Inadequate care during child birth.
2. Improper prescribing to children and adults, including excessive antibiotics.
3. Failure to accept documents mailed to the physician by the Board.
4. Failure to perform an appropriate history and physical and relying on an old CT scan.
5. Improper treatment of a patient with ovarian cancer.

6. Improper treatment of a patient with bleeding problems.
7. Improper treatment of a patient with fibromyalgia.
8. Failure to timely diagnose and treat compartment syndrome.
9. Failure to timely diagnose a brain hemorrhage.
10. Poor communication with other physicians while treating a patient for bone cancer.
11. Providing unnecessary radiation treatment to a patient without a proper diagnosis.
12. Poor communication with other physicians while treating a patient for bone cancer.
13. Poor communication with other physicians while treating a patient for bone cancer.
14. Poor communication with other physicians while treating a patient for bone cancer.
15. Failure to update his current address with the Board.
16. Misdiagnosis of lung cancer and unnecessary radiation therapy.
17. Improper treatment of a patient with a high-risk pregnancy.
18. Failure to respond to a Board investigation in a timely manner.

Board Appearances: The Board may ask a licensee to appear before the Board to discuss concerns when the Board determines that a face-to-face meeting will assist the Board during the investigative process.

Four physicians appeared before the Board due to the following concerns:

1. Failure to timely diagnose and treat a pulmonary embolus.
2. Performing a wrong-sided surgical procedure.
3. Performing aggressive ablative therapy on numerous patients.
4. Engaging in sexual relationship with a patient.

Monitoring Committee: The Monitoring Committee monitors licensees who have been disciplined by the Board and require monitoring.

The Monitoring Committee reviewed 12 physicians who are being monitored by the Board following formal disciplinary action. Four physicians appeared before the committee to discuss their Board monitoring.

Screening Committee: The Screening Committee reviews cases that are lower priority and have not been investigated by the Board to determine whether investigation is warranted.

The Screening Committee reviewed 31 cases. The Screening Committee recommended closure of 31 cases without further investigation.

Licensure Committee: The Licensure Committee is a committee reviews initial license applications, renewals and reinstatements other licensure policies and issues. Most license applications are approved by Board staff without Licensure Committee review. However, some applications raise concerns about an applicant and the Licensure Committee must review the matter to determine whether a license should be granted, renewed or reinstated.

The Licensure Committee reviewed 16 licensure applications or requests to consider licensure options. Four permanent licenses were granted, one temporary license was granted, two special licenses were granted, one permanent license was reinstated, one inquiry on what licensure options were available for the physician were reviewed, two consent agreements were approved to allow for permanent licensure, staff was directed to draft three consent agreements for three permanent licensure applications, left one application open to discuss at next meeting, and one applicant was requested to provide additional information.

The Licensure Committee approved one Letters of Warning that addressed concerns with an applicant's malpractice history.

Other Board action included:

- The Board reject a proposed "declaration of cooperation" agreement with the Midwest Licensure Portability project. Funded by a federal grant, this project is exploring licensure portability/reciprocity among 10 states, including Iowa. The declaration of cooperation was rejected by the Iowa Board because it is in conflict with the Board's administrative rules on licensure by expedited endorsement.
- The Board accepted a statistical report on participants in the Iowa Physician Health Program. On November 11, 2011, there were 76 participants in the confidential monitoring/advocacy program for physicians with diagnosed mental, physical and substance abuse impairments.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board's Website on November 30, 2011. If you have questions about this summary or Board's disciplinary action press release, please contact Kent Nebel, Legal Director, at 515-281-7088 or kent.nebel@iowa.gov.